

Washington Department of Ecology Transporter/Collector Registration Form (Transporting and/or Collecting Recyclable Materials)

Identification Number
(For official use only)

Definitions are provided at the end of this form and can also be found in Chapter 173-900 WAC *Washington Electronic Product Recycling Program* and in Chapter 70.95 RCW *Solid Waste Management - Reduction and Recycle*.

Section 1: General Information

Name of Company: _____	Calendar Year of Registration: _____
UBI # _____	
TIN # _____	

Contact Name: _____	Mailing address
Position in organization: _____	Street: _____
Phone: _____ Fax: _____	City: _____ State: _____ Zip: _____
e-mail address: _____	

Are you a transporter of recyclable materials? ☐ Yes ☐ No (If yes, you must complete section 2)

Do you collect electronic products for recycling: ☐ Yes ☐ No (If Yes, you must complete Section 3)

After completing the appropriate sections below, you must sign and date the form prior to submitting it to Ecology.

Section 2: Transporter Information (complete if appropriate):

Check appropriate box and provide dates:

- ☐ Currently operating – Operation start date: _____
- ☐ Plan to start operations on: _____
- ☐ Out of business – Close date: _____
- ☐ Operations currently suspended – Restart date: _____

Provide your service area:

List the county(s) where your company provides transporter services. (List individual cities if you do not provide services in the entire county):

Provide the permit and licensing information below:

Common Carrier Permit # _____

State Business License # _____

USDOT business License # (intra-state transportation):

Commodities transported for recycling (check all that apply):

- ☐ desktop computers, laptops, monitors, for recycling
- ☐ televisions for recycling
- ☐ other

<over>

Section 3: Collector Information (complete if appropriate):

Provide the address or location (legal description if no street address) of each staffed collection site. (Attach additional pages if needed.):

Facility Name:

Street address:

City: State: Zip:

Facility Phone:

Facility Contact:

Contact Mailing Address (if different):

City: State: Zip:

Facility Contact Phone (if different):

Operator (Company/Business):

Operator Contact (Name):

County:

Legal description if no address:

Check appropriate box and provide dates:

☐ Currently operating – Operation start date: _____

☐ Plan to start operations on _____

☐ Out of business – Close date: _____

☐ Operations currently suspended – Restart date: _____

Commodities currently collected (check all that apply):

☐ desktop computers, laptops, monitors, for recycling

☐ televisions for recycling

☐ other

Provide your service area:

List the county(s) where your company provides collection services. (List individual cities if you do not provide services in the entire county):

Provide the permit and licensing information below:

State Business License # _____

Section 4: Compliance:

I certify that to the best of my knowledge, the information contained herein about my company is accurate, true and complete and my company is in compliance with all applicable state laws and regulations.

Signature of responsible individual: The registration form must be signed by the individual responsible for implementing the company's requirements under the WA Electronic Product Recycling Program.

Print Name

Signature

Date: _____

Definitions insert here...

Electronic product

Transporter

Collector

Computers?

Desktops?

Laptops?

Television

Monitor

Recyclable material